	Debtor 1 Par DE L Prist Name Mic	Idle Name Last Name Last Name	,	RECEIVED AND FILED 2017 FEB 13 AM 11: 35 U.S. BANKRUPTOV OF
	Case number If known)	17-10614 BTB		Check if this is en amended filing
A Be	fficial Form 103B pplication to Ha as complete and accurate as possible ormation. If more space is needed, at	AND FILED 2017 FEB 13 AM 11: 35 cy Court for the: Distric 17-10614 BTB 103B On to Have the Chapter 7 Filing Fee Waived 12/15 accurate as possible. If two married people are filing together, both are equally responsible for supplying correct space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number the Court About Your Family? as you, your ependents listed up Your your spouse If you dependents Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the value (if known) of any non-cash governmental assistance that you include above. Your family's average monthly net income Type of assistance		
Ė	known). Part 1: Tell the Court About Y	our Family and Your Family's Income		
1.	What is the size of your family? Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J).	Your spouse Your dependents	Total number of pe	ople
2.	Fill in your family's average monthly income. Include your spouse's income if your spouse is living with you, even if your spouse is not filing. Do not include your spouse's income if you are separated and your spouse is not filing with you.	value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. If you have already filled out Schedule I: Your Income, see	Your spouse	monthly net income (take-home pay) \$
		included above.	<u> </u>	- \$ \$
3.	Do you receive non-cash governmental assistance?	No Yes. Describe		
4.	Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?	No Yes. Explain		
5.	Teli the court why you are unable to installments within 120 days. If you in circumstances that cause you to not be fee in installments, explain them.	nave some additional	rking now	

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15. Other assets?	Describe the other assets:		
Do not include household items and clothing.	December and the case is	Current vi	you owe \$
Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery	Who owes you the money or property?	How much is owed? \$ \$	Do you believe you will likely receive payment in the next 180 days? No Yes. Explain:
17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filling package, or the schedules?	No Yes. Whom dld you pay? Check all that a An attorney A bankruptcy petition preparer, pa	aralegal, or typing service	How much did you pay?
18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?	Yes. Whom do you expect to pay? Chec. An attorney A bankruptcy petition preparer, pa	k all that apply: aralegal, or typing service	How much do you expect to pay?
19. Has anyone paid someone on your behalf for services for this case?	No Yes. Who was paid on your behalf? Check all that apply: An attorney A bankruptcy petition preparer, paralegal, or typing service Someone else	Who paid? Check all that apply: Parent Brother or sister Friend Pastor or clergy Someone else	How much did someone else pay?
20. Have you filed for bankruptcy within the last 8 years? Part 5: Sign Below	No Yes. District District	When MM/ DD/ YYYY	
, muc	jury, I declare that I cannot afford to pay the file application is true and correct. Signature of Debtor 2	ling fee either in full or li	n installments. I also declare
Date	Date		

MM / DD / YYYY

MM / DD /YYYY

Fill in this in	formation to id	dentify the case:		
Debtor 1				
Debtor 2	First Name	Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court	for the:	District of	of .
Case number				
(If known)				
			· · · · · · · · · · · · · · · · · · ·	
Order	on the A	Application '	to Have the	e Chapter 7 Filing Fee Waived
			Have the Chapter 7	Filing Fee Waived (Official Form 103B), the court
orders that	the applicati	on is.		
[] Granted				e fee in the future if developments in
	administe	ing the bankruptcy c	ase show that the w	aiver was unwarranted.
[] Denied.	. The debto	r must pay the filing f	fee according to the	following terms:
			J	-
		V	On as bafasa this	4.4.
,		You must pay	On or before this	IATE
		c		_
		\$	Month / day / year	
		\$		_
			Month / day / year	
		\$	Month / day / year	_
			World / day / year	
		+ \$	Month / day / year	_
	Total		•	
				nent timetable, the debtor must file a
				otor may use Application for Individuals to 03A) for this purpose. The court will
	consider it		()	
	The debte		filing for bofor an	leine and mare and an arrival and arrival and
				aking any more payments or transferring any preparer, or anyone else in connection with the
				tire filing fee to receive a discharge. If the
				the bankruptcy case may be dismissed and
	the debtor	's rights in future ban	nkruptcy cases may	be affected.
] Schedu	led for hear	ing.		
*				
	A hearing	to consider the debto	or's application will t	e held
	on	at	AM / DM at	
	Month /	day / year	A AIVI / FIVI OIL	ddress of courthouse
	If the debt	or does not appear a	t this hearing, the c	ourt may deny the application.
			By the court	
	Month / day /	year	by the court	Inited States Bankruptcy Judge